

# Achieve Together Limited

# Woodview

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Woodview is a care home providing accommodation and personal care for up to 9 adults who have a learning disability and/or autistic spectrum disorder. At the time of this inspection there were 9 people living at Woodview.

### People's experience of using this service and what we found

#### Right Support:

- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People were able to personalise their rooms.
- Staff supported people to take part in activities and pursue their interests in their local area.
- Staff enabled people to access health and social care services.
- Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
- Staff supported people to make decisions following best practice in decision-making and staff supported them in the least restrictive way possible and in their best interests; Staff communicated with people in ways that met their needs.
- Risks to people were assessed. Accidents and incidents were recorded, and feedback was shared with staff so lessons could be learnt, and practice improved.

#### Right Care:

- People who had individual ways of communicating, such as using body language and sounds could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. We found people living at Woodview may benefit further with the use of visual cues, such as photographs which would let people know what was likely to happen during the day and who would be supporting them.
- There were enough staff deployed to meet people's care and support needs in a timely way. The provider

was working to reduce the need to employ agency staff.

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- There were systems in place to recognise and respond to any allegations of abuse. Safe recruitment procedures made sure staff were of suitable character and background.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

#### Right Culture:

- Relatives confirmed the registered manager was approachable. However, we have made a recommendation the registered manager consider best practice guidance on responding to and recording complaints.
- The provider had processes in place to assess the quality of support provided to people, involving the person, their families and other professionals as appropriate. However, this was not always analysed and fed back to people.
- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 15 August 2017.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Woodview

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of one inspector and one specialist advisor. The specialist advisor was a nurse with experience of working with people with a learning disability and autistic people.

#### Service and service type

Woodview is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodview is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to meet with us.

Inspection activity started on 9 February 2023 and ended on 13 February 2023. We visited the location's service on 9 February 2023.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 3 November 2022 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since registering with CQC. We sought feedback from the local authority and Healthwatch, Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people's relatives about their experience of the care provided. We met with the registered manager and the regional manager. We spoke with 5 members of staff.

We observed daily life in the service, including part of the lunch time service. We looked around the building to check environmental safety and cleanliness. We looked at written records, which included 2 people's care records and 3 staff recruitment records. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing some of the provider's policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment processes were safe and were dealt with centrally by the provider. Online recruitment files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) reference number. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.
- Comments from both relatives and staff about staffing levels were mixed. However, everyone we spoke with agreed it was an improving picture. A member of staff told us, "Some days we [staff] feel 'under pressure', but we communicate as a team and get things done. Now on most days there are seven staff. Agency use is definitely getting less." A relative told us "It feels like there are enough staff now, seems to be a lot better. Plenty of staff on when I visit."
- The regional manager was aware of the concerns regarding staffing levels and use of agency staff. They were working with the provider to improve this situation. There was an induction pack for agency workers. This included a one-page profile for each person living at Woodview. It contained essential person-centred information to ensure new staff could see quickly how best to support each person.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed. In most instances care records contained detailed guidance for staff on how best to manage and reduce these risks. Some of the prescribed creams used by people living at Woodview were emollient based. There is a risk of flammability with these types of creams. We saw they were stored appropriately and the risk recorded in people's care records. However, further information was required to describe how this risk could be mitigated, such as washing items separately and at high temperatures. The registered manager agreed to implement this with immediate effect.
- The provider used an online management tool for incident reporting and tracking actions from audits. We looked at the most recent audits online. Safeguarding incidents had been recorded with lessons learnt.
- Regular checks of the buildings and the equipment were carried out to help keep people safe. The home had all the necessary safety certificates in place.
- Risks to people in the event of a fire were regularly reviewed. People had individual personal evacuation plans in place to be followed in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- Relatives told us people were safe living at Woodview. Comments included, "[My relative] is definitely safe and well cared for."
- Staff confirmed they received training in safeguarding. They knew they could escalate any concerns via whistleblowing. Staff told us they were confident any concerns they reported to managers would be dealt

with appropriately. A member of staff told us, "I feel very supported by managers. The residents are safe and I feel very safe. Colleagues support you like family."

- There were systems in place to record safeguarding concerns raised with the local authority, the action taken and the outcome.

#### Using medicines safely

- Medicines were stored securely and within safe temperature ranges. Medicines were not overstocked, were clearly labelled and in date.
- Medicines were administered safely by two suitably trained and experienced staff. One to administer and the other to observe and monitor practice. We saw medicines were administered as detailed in people's care records.
- Staff training records and monthly audits in medicines management were up to date. They showed staff competencies were checked and monitored.
- Some people required medicines as and when required (PRN). We saw there was guidance for staff as to when people might need their PRN medicines.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff received training in STOMP (stopping over-medication of people with a learning disability, autism or both).

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider had been admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was taking place in accordance with the current government guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Overall people's individual needs were met by the adaptation, design and decoration of the service. It was spacious and had a range of communal spaces. However, there was information for staff displayed throughout the home and there was a list of a person's nutritional needs displayed on the wall of the dining room. This gave the service an institutional rather than homely feel. The registered manager agreed to address this straight away.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People's rooms were personalised, with wallpaper, curtains and bedding of their choosing.

Staff support: induction, training, skills and experience

- Staff received an induction to their job. This included completing training and shadowing more experienced members of staff. Staff new to working in the adult social care sector confirmed they were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A member of staff told us, "This is my first job in care. I really enjoy it."
- Staff were expected to regularly complete training. This included specialist training to meet the specific needs of people living at Woodview. Staff told us most training was completed online, although practical subjects such as moving and handling were taught face to face. Staff compliance was at 82% and this had been identified by the regional manager as requiring action to increase compliance.
- Staff told us they had regular supervision and they felt supported by the registered manager and practice lead. Comments included, "The managers are definitely very supportive" and "I would happily let [a relative] live here. [Name of registered manager and name of practice lead] run a tight ship."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. People were supported and encouraged to eat and drink to maintain a balanced diet.
- The lunchtime experience was positive. People, their visitors and staff all sat together around a large table. The service was unrushed and there was lots of laughing. People were supported to eat in a dignified way.
- Some people had specific dietary needs and special diets. Staff were knowledgeable about people's different needs and were able to cater for them

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health monitoring files which included a hospital passport and a health action plan. These were both well-structured and descriptive and enabled health and social care professionals to support people in the way they needed.
- People were referred to health and social care professionals as appropriate to support their wellbeing and help them to live healthy lives. People were supported to attend annual health checks, primary care services and hospital appointments. Care records confirmed this to be the case.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty and whether any conditions relating to those authorisations were being met.

- The registered manager understood their responsibilities with regard to the MCA. People had DoLS in place as appropriate, although some were out of date. The registered manager was chasing these with the relevant local authority. The registered manager agreed it would be helpful to keep an overview to more easily track each person's application.
- Staff confirmed they had received online training in the MCA and DoLS. Not all staff were able to explain the principles of the MCA. However, staff were aware of the need to give people choices. We saw evidence of this throughout the day of the inspection site visit.
- Where people had been assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- People's care records were person centred. They gave the reader a sense of what was important to the person, their likes and dislikes.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who they responded well to. Relatives told us, "Staff are very supportive and responsive. Supportive of me, not just [name of relative]" and "I like the mixture of staff, the care provided, and the facilities are fantastic. [My relative] would not be there if it wasn't good for them."
- Staff spoke knowledgeably about the people they supported. A member of staff told us, "I think we [staff] are really adaptable to people's needs. We do more than just keep people safe."
- Staff were calm and attentive to people's emotional needs. We saw positive interactions between people and staff. Staff spent time talking and laughing with people and their visitors.
- People were matched with a support worker who knew them well and as a result we saw people were at ease, happy and stimulated. A relative told us, "My relative has a keyworker. They sort out [my relative's] clothes and personal effects. They take [my relative out] and spend time on 1:1 activities."

Supporting people to express their views and be involved in making decisions about their care

- Not everyone living at Woodview was able to communicate their needs verbally. Staff supported people to express their views using their preferred method of communication.
- Staff respected people's choices and wherever possible, accommodated their wishes. For example, when administering medicines staff explained to people what they were doing and kept checking they were in agreement.
- Staff supported people to maintain links with those that are important to them. However, some relatives felt this could be done more formally. Comments included, "Communication with staff is good. The keep me informed. There are no formal review meetings as such, but any problems I will talk to [name of registered manager and name of practice lead]", "Staff are reasonably good at keeping us [relatives] informed, sometimes communication not 100%. Staff turnover does impact on the this" and "We don't have cause to contact [name of registered manager] much and it is always fine when we do. However, we have not had a formal review for over two years."
- Any changes to a person's care and support needs were shared with staff during the daily handover meeting and recorded in a 'communication book'.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. Staff were able to tell us how they promoted people's dignity. For example, respecting privacy by knocking on doors before entering and ensuring that people had a cover when supporting them with personal care.
- We saw staff were respectful towards people living at Woodview and their visitors. However, some

language used by staff at times was childlike. For example, staff sang nursery rhymes to a person. However we saw they clearly enjoyed the interaction. We spoke with the registered manger and regional manager about this who agreed this was something to be mindful of.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered provider. This key question has been rated requires good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had an up to date 'Complaints and Concerns' policy. There was a procedure in place to record and respond to complaints.
- The registered manager told us there had never been any complaints about the service. They operated an 'open door' policy and dealt with any issues as they arose. However, some relatives told us of concerns they had raised which took some time to resolve. For example, Woodview has a hydrotherapy pool on site. This was closed for some time as the maintenance person retired and a replacement was not recruited straight away.

While relatives confirmed the registered manager did respond to concerns as they arose, we recommend they consider best practice guidance on responding to and recording complaints. This will enable any lessons learnt to be shared.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- We found people living at Woodview may benefit further with the use of visual cues, such as photographs which would let people know what was likely to happen during the day and who would be supporting them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.
- Staff spoke knowledgeably about tailoring the level of support to people's individual needs. Care records gave good information on support levels, such as two staff being needed to safely support with personal care
- The service met the needs of people using the service, including those with needs related to protected characteristics, such as gender.
- Care records were reviewed monthly by the registered manager and updated as required. Monthly

keyworker reviews were also undertaken. These included information on what the person had enjoyed doing in the previous month and what they may like to do next month.

- The provider had an 'End of Life Care and Support' policy. Training was available to staff in this area, but was not mandatory at Woodview. Care records contained information on people's preferences at the end of their life, where appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were meaningful activities and social opportunities for people living at Woodview to participate in. Comments from relatives included, "Staff shortages have improved. [My relative] is very much supported to do things they wants to do" and "One of the good things about this home [Woodview] is the support they [staff] provide to undertake activities."

- Staff ensured adjustments were made so that people could participate in activities they wanted to.
- Staff provided person-centred support with self-care and everyday living skills to people.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. Staff felt able to raise concerns with managers without fear of what might happen as a result.
- There was an open and positive culture. Staff told us they felt part of a team and were valued by the managers and their colleagues. We found no evidence of a closed culture. This is a poor culture which has an increased risk of harm. Comments from staff include "Colleagues are really helpful, friendly" and "Everything is really good [working at Woodview]. 100% happy for a person I care about to live here."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, relatives and other professionals had to say.
- Managers worked directly with people and led by example. The practice lead was part of the rota. The registered manager wasn't, but staff told us the registered manager regularly helped out on shifts.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The regional manager kept oversight of the service by regularly visiting and completing provider audits.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. The registered manager was a qualified nurse and had worked at the service for over 17 years. Comments from relatives included, "I am very, very happy with way home is run, our relationship [with staff and managers] is such we will deal with any issues straight away" and "[Name of practice lead] is also a very good second in command."
- The registered manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications to the CQC in line with the Health and Social Care Act 2008.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were some systems in place to gain feedback on the service. The provider undertook a staff satisfaction survey every quarter. Staff confirmed they had very recently received the latest survey to complete. The provider shared the results of the October 2022 staff satisfaction survey. The main issues were staffing levels, use of agency care staff and staff support. The provider had produced an action plan in

response to these comments.

- Relatives confirmed they were asked for their views via a survey. However, these results were not shared with them. The regional manager confirmed there had not been any feedback shared with relatives from the family survey in November 2022 and agreed to look into this.
- There was a 'suggestion box' accessible to all on the premises. The registered manager told us there were rarely any suggestions made.
- Staff confirmed information was shared with them and their views were asked for at regular team meetings. The minutes from the meeting in December 2022 confirmed this to be the case. Staff told us there had been a meeting recently and the minutes from this were to be typed up and distributed.
- Relatives meetings had been tried in the past but we were told these were not well attended. A lot of relatives did not reside in Sheffield, therefore making attendance difficult.

Continuous learning and improving care; Working in partnership with others

- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. These were up to date and therefore reflected current legislation and good practice guidance. Staff confirmed they were able to access these documents.
- Regular checks of the buildings and the equipment were carried out to keep people safe.
- The registered manager told us they had a positive relationship with the local GP surgery and community learning disability service.